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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	r)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name	·)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to Filing Officer:		

Office Use Only



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SECRETARY OF STATE

- COVER LETTER

Registration Section

Division of Corporations

TO:

	p	urple Bootz, LLC			
SUBJECT:		ed Liability Company			
	of Organization and fee(s) are	-			
	· · · · · · · · · · · · · · · · · · ·	usan P Thatcher			
		Name of Person			
	P	urple Bootz, LLC			
		Firm/Company			
8760 Azalea Court Apt 104					
	Address				
	Tamarac, FL 33321				
		y/State and Zip Code			
		bootz104@gmail.com for future annual report notification)			
For further information	concerning this matter, pleas	•			
	n P Thatcher	at 904 347 5999			
Name	of Person	Area Code & Daytime Telephone Number			
Enclosed is a check f	or the following amount:				
□\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ \$160.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enc	ıs &		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		Bootz, LLC	
(Must end	with the words "Limited	Liability Company," "L.L.C.," or "LLC."	`)
ARTICLE II - Address	5:		
The mailing address and	street address of t	the principal office of the Limite	ed Liability Company is:
Principal Office Addre	<u>:ss:</u>	Mailing Address:	
8760 Azalea Court Apt 10	4	PO Box 25293	_
Tamarac, FL 33321		Tamarac, FL 33320	
The name and the Florid	Susa	the registered agent are: n P Thatcher Name	8 SM 10: 5 S
	8760 Azalea Court Apt 104		
		s (P.O. Box <u>NOT</u> acceptable)	
	City State and Zin		
		tate, and Zip	

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
Susan P Thatcher, MGRM	8760 Azalea Court Apt 104
	Tamarac, FL 33321
Marsha Kuehn, MGRM	8760 Azalea Court Apt 104
	Tamarac, FL 33321
	
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the	
(If an effective date is listed, the date must to or 90 days after the date of filing.)	be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	_ () / Es = 1
Mu	ALL AND CI 8
Signature of a memb	er or an authorized representative of a member.
	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
T	yped or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)